

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

164

Primary Registration District No.

80-5601

Registrar's No.

43

FILED MAR 18 1963

1. PLACE OF DEATH

a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WarrensburgLength of stay in 1b
75 yrs.c. CITY
OR TOWN WarrensburgInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Route #2Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Route #2Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
William Roy Morris4. DATE OF DEATH Month Day Year
March 13 19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
3/11/889. AGE (last birthday)
75IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cleaning & Pressing10b. KIND OF BUSINESS OR INDUSTRY
Dry Cleaning Shop11. BIRTHPLACE (City and state or country)
Johnson Co. Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Morris

13b. MOTHER'S MAIDEN NAME

Mary K. (Unknown)

14. NAME OF HUSBAND OR WIFE
Deceased Minnie E. Morris15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.
3617. INFORMANT Address
Lawrence Morris, Warrensburg, Mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary infarct
Generalized arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH1 hr
1 yrConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour
a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug-1962 to 3-13-63 and last saw him alive on 3-12-63
Death occurred at 8 - A m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
R. Lee Cooper M.D.22b. ADDRESS
Warrensburg, Missouri22c. DATE SIGNED
3/14/6323a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
3/15/6323c. NAME OF CEMETERY OR CREMATORY
Sunset Hill Cemetery23d. LOCATION (City, town, or county) (State)
Warrensburg, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 15, 1963

26. REGISTRAR'S SIGNATURE

Savannah Hunterfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0510

2510

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13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address

Warrensburg mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.